Health Departme...,

t No. A 4581 Office of Registra...

The Physician who attended any person in a last illness is responsible for t... *l out* to the undertaker or other person superinteuding the burial, within *tw*... eased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERT...

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 199

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} J. X. Amos

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoe-maker

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} # 22 Colorado Ave (Tuxedo Park)

Cause of Death, First (Primary), Nephritis + valv. disease of Heart

Second (Immediate), Uraemia

Duration of Last Sickness, Confined to house about 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cedy

Date of Burial, Jan 10-98

Undertaker, J. Marshall,

Place of Business, 273 Falls Road

Wm. H. Fademan M.D.,
Medical Attendant.

Address, #102 Chestnut Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ueing Death.

...eath.

...ode of Death.

...isease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

...ariety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Sister Anselm, of Notre Dame Convent

Died at Town: Govanstown County: Balto. MARYLAND

Date 1899 Month: 1 Day: 2	Age Y. M. D.	Native of	Occupation
~~Male~~ Female	White Colored	Married Single	Widow Widower	Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Causa of Death	Primary	How long sick
	161	
	Immadiate	Accidant, Suicida, Homicida

Reported by Maryland Journal 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70138

Chaplain of Convent

Cemetery of Convent Grounds.

HEALTH D...

No. A 4608

The Physician who attended any person in a last illness ... responsible ... *filled out* to the undertaker or other person superintending the burial, within *two* ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-15-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Elizabeth Bachman

Sex, ~~Male~~ or Female, (Cross out the words not required in this line.)

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, House Wife

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Germany 34 years

Duration of Residence in the City of Baltimore, 34 years –

Place of Death, (Give Street and Number.) Bay View Asylum –

Cause of Death, First (Primary) Cerebral Hemorrhage
Second (Immediate) Hypostatic Pneumonia

Duration of Last Sickness, five Days –

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...and Cause.

Cause and Mode of Death.

...producing Death.

—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...ne Spec... Attention of Physicians is Respectfully Invited to the ... ...se of Dise...

Health Department, City of Baltimo

Permit No. A 4595 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if re ...sted to do so, under penalty of law.

O PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Willis B. Baker

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, Twenty three *Years,* ..... *~~Months~~,* ..... *~~Days~~.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Electrician

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Sparrows Point

Cause of Death, First (Primary), Accident

Second (Immediate), Immediate

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

A. Fred. Hartmann Coroner
400 Eastern Ave
Highland Town
Balto Co.

Place of Burial, Pt Covemee

Date of Burial, Jan 16/98

Undertaker, Armstrong Denny Co.

Place of Business, 215 Light St

..... *M.D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

—Mode of Death.

C[illegible]PINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Mrs Sarah A. Baldwin

Died at Town: Catonsville County: Baltimore MARYLAND

Date 1899 Month: 1 Day: 13 | Age Y.: 67 M.: 11 D.: 3 | Native of | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband / Wife of: John W Baldwin

Father's Name: Brian | Mother's Name: Mrs Brian

Cause of Death — Primary: Influenza (La Grippe) — How long sick: 6 days

Immediate: Cardiac weakness — Accident, Suicide, Homicide

Reported by: J. Chas. Murphy.

Address: Catonsville 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

No 4645 Ida H. Bartscher

Died at Town: Westport County: Balto MARYLAND

Date 1899 Month 1 Day 27 | Age Y. 30 M. 27 D. | Native of Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

Husband / Wife of August H. Bartcher

Father's Name Henry Kreamer Mother's Name Henrietta Kreamer

Cause of Death: Primary Chronic Bronchitis — How long sick 6 mo

Immediate Exhaustion 70 — Accident ~~Suicide~~ ~~Homicide~~

Reported by T. B. Hall M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Ethell Beedler

Died at — Town: Lutherville — County: Batt — State of MARYLAND

Date 1899 — Month: Jan. — Day: 10 — Age: ~~Y.~~ M. 4 D. 10 — Native of: Batt Co — ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~ ~~Wm. F. Beedler~~

Father's Name: Wm. F. Beadle — Mother's Name: Hennettaetta Beedler

Cause of Death — Primary: Spasm. 49 — How long sick: 3 or 4 ours

Immediate — ~~Accident, Suicide, Homicide~~

Reported by: John Burns 7 sons, Funeral Director

Address: Towson Batt Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76706

John Burns, & Sons,

Towson Md,

Name in Full | Certificate of Death

Joseph Beidler

Died at Town: Spanish Point County: Balto. MARYLAND

Date 1899 Month: 1 Day: 31 Age Y. 26 M. D. Native of: Penn Occupation: Brick-layer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband / Wife of —

Father's Name: Phillip Beidler Mother's Name: Francis Wagner

Cause of Death: Primary: Pneumonia 72 How long sick: 5 days.

Immediate: Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Frank C Eldred M.D.

Address: Spanish Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Nathan Bentley

Certificate of Death

Died at Town Catonsville County Baltimore Co MARYLAND

Date 1899 Month 1 Day 4 Age Y. 76 M. - D. - Native of Occupation Labour

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband ~~Wife~~ of Eliza Bentley 9

Father's Name Jacob Bentley Mother's Name Emma Bentley

Cause of Death Primary Influenza (La Grippe) How long sick 8 days

Immediate Congestion of the Lungs Accident, Suicide, Homicide

Reported by J Chas Macgill

Address Catonsville Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Christina Betz

Diod at Town: Towson | County: Balto | MARYLAND

Date 1899 | Month: 1 | Day: 1 | Age Y. 72 M. X D. X | Native of Germany | Occupation, housewife

~~Male~~ | White | Married | Widow | ~~Divorced~~

Femele | ~~Colored~~ | Single | ~~Widower~~ | Number of children living 6

~~Husband~~ Wife of John Betz deceased

Father's Name X | Mother's Neme X

Cause of Death: Primary La Grippe 9 | How long sick 3 weeks

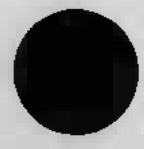
Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Dr R. C. Massenburg

Address Towson Md

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full Flora R. Blanquett

Certificate of Death

Died at Town Lansdowne County Balt MARYLAND

Date 1899 Month 1 Day 6 Age Y. 27 M. 5 D. Native of N. Jersey Occupation House Wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two (2

~~Husband~~ Wife of Harry Blanquett, Diseased

Father's Name Unknown ~~Mother's Name~~ Unknown

Cause of Death Primary Phthisis 22 a ~~How long sick~~

Immediate La Grippe & Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Frank H Ruhl M.D.

Address Lansdowne Balt Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Died at Town — County MARYLAND

Date 189 Month Day | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78PT8

Name in Full Johnnetta Brehm

Certificate of Death

Died at Town Rossville County Balto MARYLAND

Date 1899 Month Jay Day 20 Age Y. 58 M. D. Native of Md Occupation Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

Husband ~~Wife~~ of John Brehm

Father's ~~Name~~ Mother's Name

Cause of Death Primary Cancer of Breast ~~How long sick~~

Immediate Asthenia 25 E ~~Accident~~, Suicide, Homicide

Reported by John W Harrison M D

Address Middle River

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name In Full — Certificate of Death

Brown

Died at Town: Black Rock — County: Baltimore — MARYLAND

Date 1899 — Month: 1 — Day — Age: Y. 3 M. D. — Native of — Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of Wife

Father's Name: Frank Brown — Mother's Name: Mary A

Cause of Death — Primary: Burned to death — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Maryland Journal

Address: 1-21-99

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

HEALTH DEPARTMENT, C[illegible]

A 4605 **Office of Registrar of Vital Sta[illegible]**

The Physician who attended any person in a last illness is responsible for the presentation of this *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13" 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Rose Brown

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twenty-two years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Chronic Nephritis

Second (Immediate) Pulmonary Oedema

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, University of Maryland for Anatomical Purpose

Date of Burial, Jany 14-1899

R. E. Garrett *M. D.,*
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health Office

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

—Variety, whether
simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

HEALTH D...

...mit No. A 4648 **Office of ...**

The Physician who attended any person in a last illness is responsible for the pre... ...ertificate, acc... *filled out* to the undertaker or other person superintending the burial, within *twenty-fou...* after the death o... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-28-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Daniel Burns

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Labour

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Ireland - U.S. - 35 yea...

Duration of Residence in the City of Baltimore, 32 years -

Place of Death, (Give Street and Number.) Bay View - Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Inanition

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 30th

Undertaker, A. Knell & Son

Place of Business, 807 Columbia Ave

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Epidemic ...inmatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...and Cause.

...ROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Jno. M. Busch

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month Jun Day 4 Age Y. 83 M. D. Native of Germany Occupation Preacher.

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Wife —

Father's Name — Mother's Name — 46

Cause of Death Primary Senile Dementia How long sick One month.

Immediate Ch Interstitial Nephritis. Accident, Suicide, Homicide

Reported by J Pucy Wade

Address Md Hosp't. Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

HEALTH DEPARTMENT, CITY OF BALTIMORE.

...t No. A 4568 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... ...lled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1/4 - 99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Joseph H Butler

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 76 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, (Cross out the words not required in this line.)

Occupation, Labour

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, (Give Street and Number.) B.V. Asylum

Cause of Death, First (Primary) Senility

Second (Immediate) Inanition -

Duration of Last Sickness, — — — — —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtery

Date of Burial, Jan 7 1899

Undertaker, H Ress

Place of Business, 609 Little Pacific

Lee Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be t... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certifi... ...full name, sex, age, condition (whether married or single) of the

RIS... —Mode of Death.

. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Annie E. Cardwell

Died at Town Granstown County Balto. MARYLAND

	Month	Day	Y.	M.	D.	Nativa of	Occupation
Data 189	1	20	Age 16				

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Dawson Cardwell Mother's Nama Henrietta

Cause of Death — Primary — How long sick

Immediate 161 — Accident, Suicide, Homicide

Reported by Maryland Journal 1-28.

Address

Must be signed by physician, if any in attendance, otherwisa by coroner, undertakar or minister.

LIBRARY BUREAU, 70883

Obtained without a Proper Certifi...

CERTIFICATE OF DEATH.

...n, 1-28-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Susan Carr -

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 74 Years, ... Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper -

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Pennsylvania -

Duration of Residence in the City of Baltimore, 30 years -

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Artario Sclerosis

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, JAN 30 1899

Undertaker, Wm. F. Fry,

Place of Business, 221 N. BROADWAY.

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate

...ariety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

PERI...

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of.

PREMATURE BIRTH—Cause. Fœta...

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

John W. Chambers

Died at Town: Reisterstown County: Balto MARYLAND

Date 189 9 Month: Jan Day: 21 | Age Y. 67 M. D. | Native of Maryland | Occupation Coachman

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Five

Husband ~~Wife~~ of Mary A. Chambers

Father's Name John Chambers | Mother's Name Jane Johnson

Cause of Death: Primary Pneumonia 72 | How long sick 8 days

Immediate | Accident, Suicide, Homicide

Reported by H. M. Slade

Address Reisterstown

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Mrs. Josephine Chatterton

Certificate of Death

Died at Town Kingsville County Baltimore MARYLAND

Date 189 9 Month 1 Day 16 Age Y. 71 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Robt. M. Chatterton

Father's Name Mother's Name 1429

Cause of Death Primary Jumped out of a

Immediate window

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Argis & Intelligencer

Address Bel Air 1-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full Margaret Chilkaupf

Certificate of Death

Died at Town Sweet Air County Balto. MARYLAND

Date 1899 Month 1 Day 3 | Age Y. 40 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ Wife of Henry Chilkaupf

Father's Name | Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Democrat 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Henry L. Chislen

Certificate of Death

Died at Town Hebbville County Baltimore MARYLAND

Date 189 9 Month 1 Day 24 Age Y. 57 M. 5 D. 9 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 0

Husband ~~Wife~~ of Mary Catharine Chislen

Father's Name Mother's Name 161

Cause of Death Primary Complication of Immediate diseases

How long sick

Accident, Suicide, Homicide

Reported by Democrat 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Rev. Jas. Kennelly, Pastor,
Hebbville Evangelical Ch.,

Name in Full

Certificate of Death

Matilda Cromwell

Died at Town Sunny Brook County Baltimore MARYLAND

Date 1899 Month Jan Day 14 Age Y. 32 M. — D. Native of Va Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ of Wife James Cromwell

Father's Name — Mother's Name —

Cause of Death Primary Epidemic Influenza How long sick 2 weeks

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by R. Percy Smith. M.D.

Address Sunny Brook Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Ann E. Curlett

Certificate of Death

Died at Town Loch Raven County Baltimore MARYLAND

Date 1899 Month 1 Day 19 Age Y. 79 M. D.

Native of

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md Journal 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full George W. Doy

Certificate of Death

Died at Town Ella County Balto. MARYLAND

Date 1899 Month Jany Day 11 Age Y. 66 M. D. Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

~~Husband~~ ~~Wife~~ of

Father's Name — Mother's Name 259

Cause of Death: Primary Cancer of the Rectum — How long sick Six Ma

Immediate Inanition — Accident, Suicide, Homicide

Reported by B. J. Byrne

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

4-4

P.C.I 19

No. A 45 64

The Physician who attended any person in a last illness is responsible ... ed out to the undertaker or other person superintending the burial, within ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-3 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Elizabeth C Drury

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} B. V. Asylum

Cause of Death, First (Primary) Chronic Parenchymatous Syphilis

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Southern Homes College for Anatomical purposes

Date of Burial, Jany 4-1899

Undertaker, E. M. Stevenson

Place of Business, Health Office

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the perso deceased, and the cause and date of death.

FOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...es producing Death.

...ty and Seat.

...LUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full John H. Depper

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 189 9 Month Jan Day 29 | Age Y. 71 M. D. | Native of Germany | Occupation R. R. Foreman.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living several.

Husband of Wife —

Father's Name — Mother's Name —

46

Cause of Death: Primary Senile Dementia | How long sick 4 weeks.

Immediate Old Age. | Accident, Suicide, Homicide

Reported by Percy Wade

Address Md Hospital, Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. Morris Depprich

Certificate of Death

Died at Town Long Green County Baltimore MARYLAND

Date 1899 Month 1 Day 12 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Morris Depprich

Father's Name John Nau Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Md Journal 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Rev. Wm. Campbell,
Chestnut Grove Ch.

Name in Full

Certificate of Death

Jas. T. Dorman Sr.

Died at Town Pricsville County Balto. MARYLAND

Date 189 7 Month 1 Day 1 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death — Primary: Heart disease — How long sick

Cause of Death — Immediate — Accident, Suicide, Homicide

Reported by F. G. Mitchell

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Andrew Arthur Dunn

Died at Town: near Powhattan, County: Baltimore MARYLAND

Date 1899 Month: Jan Day: 14 Age Y.: 21, M.: 4, D.: 17 Native of: Md. Occupation: Farmer (?)

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife ~

Father's Name: John Wesley Dunn

Mother's Name: Naomi Kirk

Cause of Death — Primary: Pulmonary Tuberculosis. How long sick: 18 months (?)

Immediate: General Exhaustion 22a ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Thomas Ellis

Died at — Town: Catonsville — County: Baltimore — MARYLAND

Date 1899 — Month: Jan — Day: 8th — Age: Y. 81 — M. 9 — D. — Native of: Baltimore City — Occupation: Merchant

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living

Husband / Wife of

Father's Name — Mother's Name 57

Cause of Death — Primary: Valvular disease of Heart — How long sick: 6 months

Immediate: Dropsy — Accident, Suicide, Homicide

Reported by: [illegible] Macgill M D

Address: Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full 4627

Certificate of Death

W W Emory

Died at Town Pasadena County Baltimore MARYLAND

Date 1899 Month Jany Day 22 | Age Y. M. D. Lost know | Native of — | Occupation —

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Senile bronchitis 9 | How long sick few years

Immediate Grippe | Accident, Suicide, Homicide

Reported by W P Emory

Address Pasadena Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name In Full

Certificate of Death

Ann Eliza Ensor

Town

County

Died at Howardville Balto. MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 9	1	25	Age					

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of

Wife John O. Ensor

Father's Name S. O. Cole

Mother's Name

Cause of Death

Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full No 4661

Certificate of Death

Oliver Lee Erdman

Died at Town Lauraville. County Baltimore MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	Jan.	31	Age 21	0	4	Baltimore	Laborer.

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name Mrs. Michael Erdman

Mother's Name Caroline V. Erdman

Cause of Death — Primary: Compd. Fracture & Dislocation Rt. Elbow Joint — How long sick: 3 days.

Immediate: Gangrene. 143

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

OVER

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78700

Attended by Drs. J. X. Whitehead & Son.

of Parrottsville, Tenn.

Information contained in this certificate received from

of

Name in Full

Clara Blanch Fisher

Certificate of Death

Died at Town: Reisterstown County: Balto MARYLAND

Date 189 9 Month: Jan Day: 2 | Age Y. 3 M. 3 D. 17 | Native of Maryland | Occupation X

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of X 66

Father's Name Jefferson Fisher | Mother's Neme Katie C. Fisher

Cause of Death: Primary Neglected Cold — How long sick

Immediate Membranous Croup — Accident, Suicide, Homicide

Reported by James Gorr M.D.

Address Reisterstown Maryland

OVER

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. Louis Gorr

of Reisterstown Md.

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full Pearl I Fisher

Certificate of Death

Died at Town Reisterstown County Balto MARYLAND

Date 189 9 Month Jan Day 16 | Age Y. 13 M. 12 D. | Native of Maryland | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Jefferson Fisher Mother's Name Katie L Fisher

Cause of Death: Primary Membranous Croup — How long sick about 3 weeks

Immediate 16 — Accident, Suicide, Homicide

Reported by H. M. Slade OVER

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full Mrs. Virginia M. Fleury

Certificate of Death

Died at near Upper Falls Town County Baltimore MARYLAND

Date 189 9 Month 1 Day 15 Age Y. 81 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Benj. Augustine Fleury

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligencer

Address Bel Air, 1-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

St. Stephen's Church, Bradshaw.

Name in Full

Jas. H. Foxwell

Certificate of Death

Died at Town: Canton County: Balto. MARYLAND

Date 189 9 Month: / Day: 8 | Age Y. 0 M. 3 D. | Native of | Occupation

~~Male~~ / ~~Female~~ | White / Colored | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living

Husband / Wife of

Father's Name

Mother's Name 1

Cause of Death { Primary: Typhoid Pneumonia | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal 1-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full | Certificate of Death

Miss Hannah C. Freeland

Died at Town: Warren | County: Baltimore | MARYLAND

Date 1899 Month: Jan Day: 21 | Age Y.: 67 M.: 6 D.: 18 | Native of: Maryland | Occupation: Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: James Freeland | Mother's Name: Sophia Price 57

Cause of Death: Primary: Heart disease | How long sick: Invalid for years

Immediate: Congestion of lungs | ~~Accident, Suicide, Homicide~~

Reported by: F. J. E. Bowson

Address: Cockeysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Grace Sedonia Fuller

Died at Town: Catonsville County: Balto MARYLAND

Date 189 Month: Jan Day: 4 | Age Y.: 10 M.: 11 D.: 26 | Native of: Md | Occupation:

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife 150

Father's Name: Adam Fuller Mother's Name: Eliza Fuller

Cause of Death — Primary: Suffocated by Smoke — How long sick

Immediate — Accident, ~~Suicide Homicide~~

Reported by Dr C L Mallfeldt for W W Johnson Coroner

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Albert P. Frank

Certificate of Death

Died at Town: Sparrows Point. County: Balto. MARYLAND

Date 189 9 Month: June Day: 28 Age: Y. 5 M. 0 D. 25 Native of: Pa Occupation: None

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Harry Frank Mother's Name: Elizabeth Thurley

Cause of Death — Primary: Diphtheria & a — How long sick: 10 days

Immediate: Toxemia — ~~Accident, Suicide, Homicide~~

Reported by: Frank C. Eldred M.D.

Address: Sparrows Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Catherine A. Funk.

Certificate of Death

Died at Town: Spanish Point County: Balto. MARYLAND

Date 1899 Month: June Day: 21

Age Y. 2 M. 11 D.

Native of: Pa

Occupation: None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Harry Funk

Mother's Name: Elizabeth F. Thorley

Cause of Death

Primary: Diphtheria 8a

Immediate: Diphtheria

How long sick: 2 days

~~Accident, Suicide, Homicide~~

Reported by: Frank C Eldred M.D.

Address: Spanish Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Henry Gebb

Certificate of Death

Died at Town Lauraville County Balto. MARYLAND

Date 1899 Month Jan Day 2 | Age Y. 68 M. — D. — | Native of Germany | Occupation Gardener

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ ~~of~~ Mary Mobus 25 a

Father's Name Philip Gebb Mother's Name ——

Cause of Death: Primary Carcinoma Stomach & Dropsy — How long sick about 1 year

Immediate Exhaustion — ~~Accident Suicide Homicide~~

Reported by Drs A. X. Whiteford & Son (A. X. Whiteford M.D.)

Address Parkville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: William Gebhardt

Certificate of Death

Died at Town: Canton County: Baltimore MARYLAND

Date 1899 Month: 1 Day: 8 | Age Y.: 35 M.: D.: | Native of: md | Occupation: Saloonkeeper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow / Widower ~~Divorced~~ Number of children living: one

~~Husband~~ Wife of Elizabeth Gebhardt

Father's Name: — Mother's Name: —

Cause of Death: Primary: Pneumonia 72 | How long sick: 3 months

Immediate: Asphyxia

Reported by: J. L. Warner M.D.

Address: 1122 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Laura Gill

Died at Town: Boring | County: Balt. | MARYLAND

Date 1899 | Month: 1 | Day: 1 | Age Y. M. D.: 37-2-22 | Native of: Md | Occupation: House girl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Theodore Gill | Mother's Name: Dont Known

Cause of Death: Primary: Grip 9 | How long sick: 4 days

Immediate: Mastoid disease | ~~Accident, Suicide, Homicide~~

Reported by: Jas. H. Wilson M.D.

Address: Fowblesburg Md

Must be signed by physician, if any in attendance, otherw[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Caroline Gohr

Certificate of Death

Linden Hall Town County

Died at Arlington Balto MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	1	2	Age 60			Germany	

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Edwin E. Jones

Address Arlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Frank Green.

Died at Town: Dickeyville — County: Balto — MARYLAND

Date 189 9 — Month: Jan — Day: 16th — Age: Y. 19 M. D. — Native of: America — Occupation: Laborer,

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of ~~children living~~

Husband of
Wife

Father's Name: James Green — Mother's Name: Mother Dead.

Cause of Death — Primary: Typhoid Fever. 1 — How long sick: 2 weeks,

Immediate: Peritonitis for which he was treated on 1.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Dr. George F. Eberhart.

Address: Dickeyville Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Cert. No. A 4613 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-14-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Thomas Green

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, University of Maryland for Anatomical purposes

Date of Burial, Jany 16 1899

Undertaker, H. H. Stevenson

Place of Business, Head office

Lee Cohen, M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Following Additional Information is Requested in Relation to the Causes of Enumerated Below.

TRISM—Mode of Death.

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...n of Eng...

HEALTH D...

No. A 4556 **Office of Registrar of Vital S...**

The Physician who attended any person in a last illness is responsible for the presentation of th... *out* to the undertaker or other person superintending the burial, within *twenty-four hours* after ... ased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1/3-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Rebecca Gross

Sex, ~~Male~~ or Female, (Cross out the words not required in this line.)

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Domestic

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Virginia

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, (Give Street and Number.) B.V. Asylum

Cause of Death, First (Primary) Phthisis Pulm -
Second (Immediate) Exhaustion

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, West Point Va

Date of Burial, Jan 5th 1899

Undertaker, W W Madden

Place of Business, #132 Pryor Ave

Lee Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...y and Cause.

...ariety, whether ...mply Inflammatory.

...RTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Health Department, City,

Permit No. A 4580 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lizzie Guenther

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Abt 38 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Md -

Duration of Residence in the City of Baltimore, 12 yrs at Mt Hope

Place of Death, {Give Street and Number.} Mount Hope Retreat -

Cause of Death, First (Primary), Melancholia - Chronic -

Second (Immediate), Ex. Pul. Tuberculosis -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan'y 10th 1899

Undertaker, Stewart & Mower

Place of Business, 217 Park ave

Frank J. Flannery M.D.,
Medical Attendant.

Address, Mt Hope Retreat

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...is—Variety and Cause.

...y, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Lizzie Gunther

Certificate of Death

Died at Town Mon. H. Ave. Retreat County Baltimore MARYLAND

Date 189 9 Month 1 Day 9 Age Y. 38 M. about D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Melancholia Chronic — How long sick

Immediate Ex. Pul. Tuberculosis — Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mon. H. Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Rachel Hale

Certificate of Death

Died at Town Beckleysville County Balto. County MARYLAND

Date 1899 Month 1 Day 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband / Wife of Zacariah Hale

Father's Name Jacob Hare Sr. Mother's Name did not ascertain

Cause of Death Primary and Immediate Cancer 2.5 g #

How long sick or more 5 or 6 years

~~Accident, Suicide, Homicide~~

Reported by J. B. Norris M.D.

Address Beckleysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

I will write in few
days and explain delay
and other matters

Name In Full Margaret Hall

Certificate of Death

Died at Town Sunny Brook County Baltimore MARYLAND

Date 1899 Month 1 Day 29 Age Y 88 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of Wm Hall

Father's Name Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70948

Chestnut Grove,

Rev. Campbell & Hammond

John Slade, Undertaker.

Name in Full Margaret S. Hall

Certificate of Death

Died at Town Sunny Brook County Baltimore MARYLAND

Date 1899 Month Jan Day 29 Age Y. 85 M. 6 D. 27 Native of York Co. Pa Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Seven

~~Husband~~ Wife of William Hall, Sr

Father's Name Joseph Allison Mother's Name Elizabeth Smith

Cause of Death Primary Old age 141 How long sick Six months

Immediate General debility ~~Accident, Suicide, Homicide~~

Reported by R. Percy Smith, M.D.

Address Sunny Brook Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72706

Name in Full | Certificate of Death

Ellen Harden

Died at Town: Bonny | County: Balt- | MARYLAND

Date 1899 Month 1 - Day 3 | Age Y. about M. 85 D. | Native of Don't Know | Occupation Housewoman

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~ 3

Husband / Wife of ~~Don't~~

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Grip 9 | How long sick 8 dgs

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Jos H Wilson M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Ellen Harden — Certificate of Death

Died at Town Fair View, County Balto, MARYLAND

Date 189 4 Month Jan Day 4 | Age Y. 83 M. 2 D. 3 | Native of Carroll Co | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow Divorced | Number of children living 4

~~Husband~~ Wife of Nathan Harden

Father's Name Thomas Smith | Mother's Name Hanna Smith

Cause of Death: Primary 72 | How long sick about two weeks

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Edwin J. Selby

Address Reisterstown Balto Co Undertaker

Must be signed by physician, if any in attendance, otherwise [illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. Reed

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full — Certificate of Death

Sophia Harden

Died at Town: Chattolanee County: Balto Co MARYLAND

Date 189 4 Month: Jan Day: 1 | Age Y. 9 M. 8 D. | Native of Maryland | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of George Harden

Father's Name ——— Mother's Name ———

Cause of Death: Primary — Not Known — 72 — How long sick about 4 weeks

Immediate — Pneumonia

Accident, Suicide, Homicide

Reported by Edwin F. Selby Undertaker

Address Reisterstown Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. Reid

of _____

Seen by Coroner _____

of _____

Information contained In this certificate received from _____

of _____

Name in Full | Certificate of Death

William Henry Harris.

Died at Town: Govans County: Baltimore MARYLAND

Date 1899 Month 1 Day 31 Age Y. 41 M. 11 D. 13 Native of Maryland Occupation Laborer

Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Pinkey Harris

Father's Name Wm Henry Harris Mother's Name Ann Louisa.

Cause of Death: Primary Tuberculosis Pul. Nephritis Immediate Toxaemia 22a ~~Accident, Suicide, Homicide~~ How long sick

Reported by Purnell F Sappington

Address Govans. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Infant, not named Haswell

Died at Town: Catonsville County: Balto. MARYLAND

Date 189 4 | Month 1-12 | Day | Age Y. 1 M. 14 D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Dont Known, dead

Mother's Name Sarah D. Haswell

Cause of Death — Primary: Marasmus 8 2 | How long sick: dont known

Immediate: Asthenia | Accident, Suicide, Homicide

Reported by David H Stultz M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full 4600

Certificate of Death

Ida E. Hayes

Town Mt Winans County Balto

Died at MARYLAND

Date 1899	Month 1	Day 13	Age Y. 2 M. D.	Native of Md	Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband / Wife of X

Father's Name Joseph Hayes

Mother's Name Ella R. Hayes

Cause of Death: Primary 4 9 How long sick

Immediate Convulsions

Accident, Suicide, Homicide

Reported by J. S. Hull M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full Henry Hick

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 1899 Month 1 Day 14 Age Y. 27 M. D. Native of Occupation

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 50

Cause of Death Primary Lockjaw How long sick

Immediate produced by a gun shot wound of left hand Accident, Suicide, Homicide

Reported by

Address Md Journal 1-21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79909

...l Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore,

Permit No. A 4626 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Irma Rubecca Heckner

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 15 *Years,* 6 *Months,* 10 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, House work

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} Hebbville. Balto. Co. Md.

Cause of Death, First (Primary), Endocarditis.

Second (Immediate), Heart failure.

Duration of Last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Jan 23 1899

Undertaker, Mrs Jos B Cook. A. C. Smink M.D., Medical Attendant.

Place of Business, 1003 W Balto St *Address,* Hebbville. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ation is [illegible]

Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstanees producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Loeation and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Loeation and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Loeation and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Loeation and Mode of Death.

Speeify every Surgieal Operation with fatal result.

Mention INTEMPERANCE whenever reeognized as having produeed or eomplicated the direet cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Henry Helldorfer

Died at Canton Town, Balto. County, MARYLAND

Date 189 9 Month 1 Day 4 | Age Y. 27 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living /

Husband of
Wife

Father's Name Sebastian Helldorfer | Mother's Name

Cause of Death: Primary — How long sick

Immediate — Accident, Suicide, Homicide

161

Reported by Democrat 1-7.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79888

Name in Full | Certificate of Death

Henry Helmer Balt Co Md

Town | County

Died at Rossville Balt Co MARYLAND

Date 1899 Month Day June 18 | Age Y. M. D. 68 - | Native of Germany | Occupation Laborer

Male | White | Married | ~~Widow~~ | Divorced

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 3

Husband of Wife Dont know

Father's Name " | Mother's Name 57 -

Cause of Death: Primary Heart disease | How long sick ——

Immediate " " | Accident, Suicide, Homicide

Reported by Dr. S. V. Mace & Son -

Address Rossville Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

William H. Henderson

Died at Woodlawn (Town) Balto. (County) MARYLAND

Date 189 9 Month 1 Day 7 | Age Y. 77 M. 8 D. | Native of Va | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband / Wife of —

Father's Name Nat Henson

Mother's Name Nat Henson

Cause of Death — Primary: Pneumonia 72 — How long sick: Nine days

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Frank C Eldred MD

Address Severn Point Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full George Hennessie

Certificate of Death

Died at Town Dickeyville County Baltimore MARYLAND

Date 1899 Month 1 Day 8 Age Y. 4 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name Michael Hennessie Mother's Name Catherine Doyle

Cause of Death Primary Meningitis 39a How long sick

Immediate Coma Accident, Suicide, Homicide

Reported by Stewart Monmouth Jr. M.D.

Address Dickeyville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Ida Hentschel

Died at Town Park Height's County Baltimore MARYLAND

Date 1899 Month 1 Day 28 Age Y. 18 M. D. Native of Occupation

~~Male~~ Female White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Richard Hentschel Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Md. Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Wm. Hitchman

Certificate of Death

Died at Town Mr. Hope Retreat County Baltimore MARYLAND

Date 189 9 Month 1 Day 16 Age Y. 68 M. about D. Native of New York Occupation Clerk

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 46

Cause of Death Primary Mania Chronic How long sick

Immediate Pul. Tuberculosis with syncope Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mr. Hope Retreat Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

August Hoffman

Certificate of Death

Died at Town: Ridge County: Balto MARYLAND

Date 1899 Month: Jan Day: 4

Age Y. 71 M. 11 D. 16

Native of Germany

Occupation Cooper

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / ~~Single~~ / Widower / Divorced

Number of children living 7

Husband / ~~Wife~~ of Magdalena Hoffman

Father's Name X

Mother's Name X 229

Cause of Death — Primary: Constipation — How long sick: about 2 year

Immediate: Complication of Diseases — Accident, Suicide, Homicide

Reported by Edwin D. Selby Undertaker

Address Reisterstown Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Attended by Dr. W D

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name In Full

Certificate of Death

Maria E. Holthous

Died at Town Sherwood County Balto MARYLAND

Date 189 9 Month 1 Day 2 Age Y. 82 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife Francis T. Holthous

Father's Name Mother's Name

Cause of Death Primary Heart disease 57 How long sick

Immediate Inflamed varicose veins Accident, Suicide, Homicide

Reported by H. Burton Stevenson

Address Sherwood, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Francis J. Hoover

Certificate of Death

Died at Town Mr Hope Retreat County Baltimore MARYLAND

Date 1899 Month 1 Day

Age Y. 75 M. D.

Native of

Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death

Primary Senile Mania

Immediate Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Frank J. Flannery, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full | Certificate of Death

Ann Maria Houck

Died at Town: Fowblesburg County: Balt. MARYLAND

Date 1899 Month: 1 Day: 4 | Age Y. M. D.: 76-8-29 | Native of: Md | Occupation: House wife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of

Father's Name: Erasmus Fowble Mother's Name: Don't Know

Cause of Death: Primary: Old age 141 How long sick: 10 days

Immediate: Heart disease ~~Accident, Suicide, Homicide~~

Reported by: Jos H Wilson M.D.

Address: Fowblesburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificete of Death

John W. Howser

Died at Town: St Denis County: Baltimore MARYLAND

Date 1899 Month: January Dey: 3 | Age Y. 65 M. x D. x | Native of Maryland | Occupation Postmaster & R.R. Agt

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 0

Husband / Wife of Mrs. Jennie Hippsley Howser

Father's Name Wm P. Howser | Mother's Name Catherine R. Howser

Cause of Death — Primary: Acute (double) pneumonia — How long sick: 4 days

Immediate: Exhaustion 72 — ~~Accident, Suicide, Homicide~~

Reported by Wm R. Carrecroon

Address Elk Ridge, Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

HEALTH DEPARTMENT, CITY

...nt No. A ..... **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... ...lled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... ...eceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-31-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) John E Hughes

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Laborer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, (Give Street and Number.) Bay View Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Anatomical Purposes

Date of Burial, Feby 10-1899

Lee Cohen *M. D.,*
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health Office

Address B V Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

To Commissioner 99 Bord

ER. NAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Wm. Humes

Certificate of Death

Died at Town Baldwin County Balto. MARYLAND

Date 189 9 Month 1 Day 29 | Age Y. 22 M. D. | Native of | Occupetion

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm. Humes

Mother's Name

Ceuse of Death: Primary Heart trouble 57 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Whig 2-4.

Address

Must be signed by physicien, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]8

Name in Full Robert Hunter

Cartificate of Death

Diad at Town Bay View Asylum County Baltimore MARYLAND

Date 1899 Month 1 Day 25 Age Y. 67 M. D. Native of D.C. Occupation Cigarmaker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wifa

Father's Nama

Mother's Nama 87

Cause of Daath: Primary Chronic Diarrhoea — How long sick

Immediata Exhaustion — Accident, Sulcide, Homicida

Reported by Lee Chen M.D.

Address B.V. Asylum Md

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or ministar.

LIBRARY BUREAU. 79898

HEALTH DEPARTMENT.

No. A 4606 **Office of Registra**

The Physician who attended any person in a last illness is responsible for [illegible] ed out to the undertaker or other person superintending the burial, within *twenty-four hours* after the deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-15-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Margaret A. Ingram

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Domestic -

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} Bay View Asylum.

Cause of Death, First (Primary) Fracture of Femur

Second (Immediate) Hypostatic Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 17-99.

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Lee Cohen M. D.
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

FOHM & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...er

...y.

...BIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ETRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Ralph Jackson

Certificate of Death

Died at Town Ocla County Balto MARYLAND

Date 1899 Month 1 Day 29 Age Y. 81 M. — D. — Native of England Occupation Merchant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~ none

Husband ~~Wife~~ of Alice Jackson (dec'd)

Father's Name John Jackson

Mother's Name Betty Jackson

Cause of Death: Primary Brights Disease 97 — How long sick 3 years

Immediate Eurasmia — ~~Accident, Suicide, Homicide~~

Reported by Thos. B. Owings

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Christian Tanderop

Died at Town: Sunny Brook | County: Baltimore | MARYLAND

Date 1899 | Month: Jan | Day: 7 | Age: Y. 62 M. 7 D. 14 | Native of: Germany | Occupation: Wheelwright

Male | White | ~~Married~~ | ~~Widow~~ | Divorced

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: Six

Husband / Wife of: ——

Father's Name: —— | Mother's Name: ——

Cause of Death: Primary: Pleurisy 73 | How long sick: 10 days

Immediate: Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: R. Percy Smith, M.D.

Address: Sunny Brook Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Amos Benj Johnson

Died at Town Wallen County Balto MARYLAND

Date 1899 Month Jany Day 7 | Age Y. 4 M. 9 D. | Native of Md. | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Henry Johnson

Mother's Name Eliza Johnson

Cause of Death: Primary La Grippe 9

Immediate

How long sick about 10 days

~~Accident, Suicide, Homicide~~

Reported by John W Hanson M.D.

Address Middle River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Charles H. T. Johnson cald

Died at Town: Minersville County: Balto MARYLAND

Date 1899 — Month 1 — Day 6 — Age Y. 29 M. 10 D. 3 — Native of Md — Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Frank Johnson

Mother's Name Rachel A Johnson

Cause of Death: Primary Grippe 9 — How long sick 14 days

Immediate Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by T B Hall MD

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Margrutt Johnson

Died at Town: Reisterstown — County: Balto. — MARYLAND

Date 189 9 — Month: Jan — Day: 12 — Age: Y. 4 M. D. — Native of: Maryland — Occupation:

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name: John W. Johnson — Mother's Name: Josephine Johnson

Cause of Death — Primary: Scrofula — How long sick: 23

Immediate

Accident, Suicide, Homicide

Reported by: A. M. Slade

Address: Reisterstown

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full

Certificate of Death

Gen. H. Jones

Died at Town: Pikesville County: Balto. MARYLAND

Date 1899 Month: 1 Day: 3 | Age Y. 61 M. D. | Native of England | Occupation sailor

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: La Grippe — How long sick: one week

Immediate: Bronchitis — Accident, Suicide, Homicide

Reported by H. P. E. Hyde

Address Pikesville

Must be signed by physician, if any in attendance, otherwise [illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79818

...Office of Registrar of ...

...e Physician who attended any person in a last illness, is responsible for the presenta... ...ccate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ...d deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16 / 99.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kane.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St Mary's Industrial School.

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, several months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Jan 17 99

Undertaker, P. A. Krause & Bro

Place of Business, 703 Hanover

R. H. Goldsmith. M. D.

Medical Attendant.

Address, Harlem av & Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar.

Name In Full

Certificate of Death

Ellenorah Keieght

Died at Town Towson County Balto MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	1 3	Age				

Male ~~Female~~ White Colored ~~Single~~ Married Widow Widower Divorced Number of children living

~~Husband~~ Wife of Horace Keieght

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

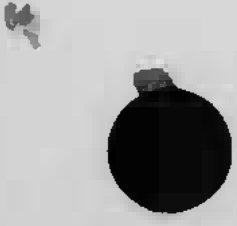
Immediate — Accident, Suicide, Homicide

Reported by J. H. Hawkins

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Kelly

Certificate of Death

Died at Town Mt. Hanson County Baltimore MARYLAND

Date 189 9 Month 1 Day 2 | Age Y. M. D. Stillborn | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm. C. Kelly

Mother's Name Annie B. Kelly

Cause of Death: Primary Still-born | How long sick

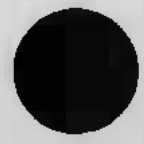
Immediate | Accident, Suicide, Homicide

Reported by Susan Waters Midwife

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full John Kratz

Certificate of Death

Died at Town Hebbville County Balto. Co. MARYLAND

Date 1899 Month Jan Day 15th Age Y. 46 M. yr D. Native of Md. S. Occupation Farmer

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of ~~children living~~

Husband of Wife

Father's Name John Kratz Mother's Name Mary Kratz

Cause of Death Primary Influenza 9 How long sick

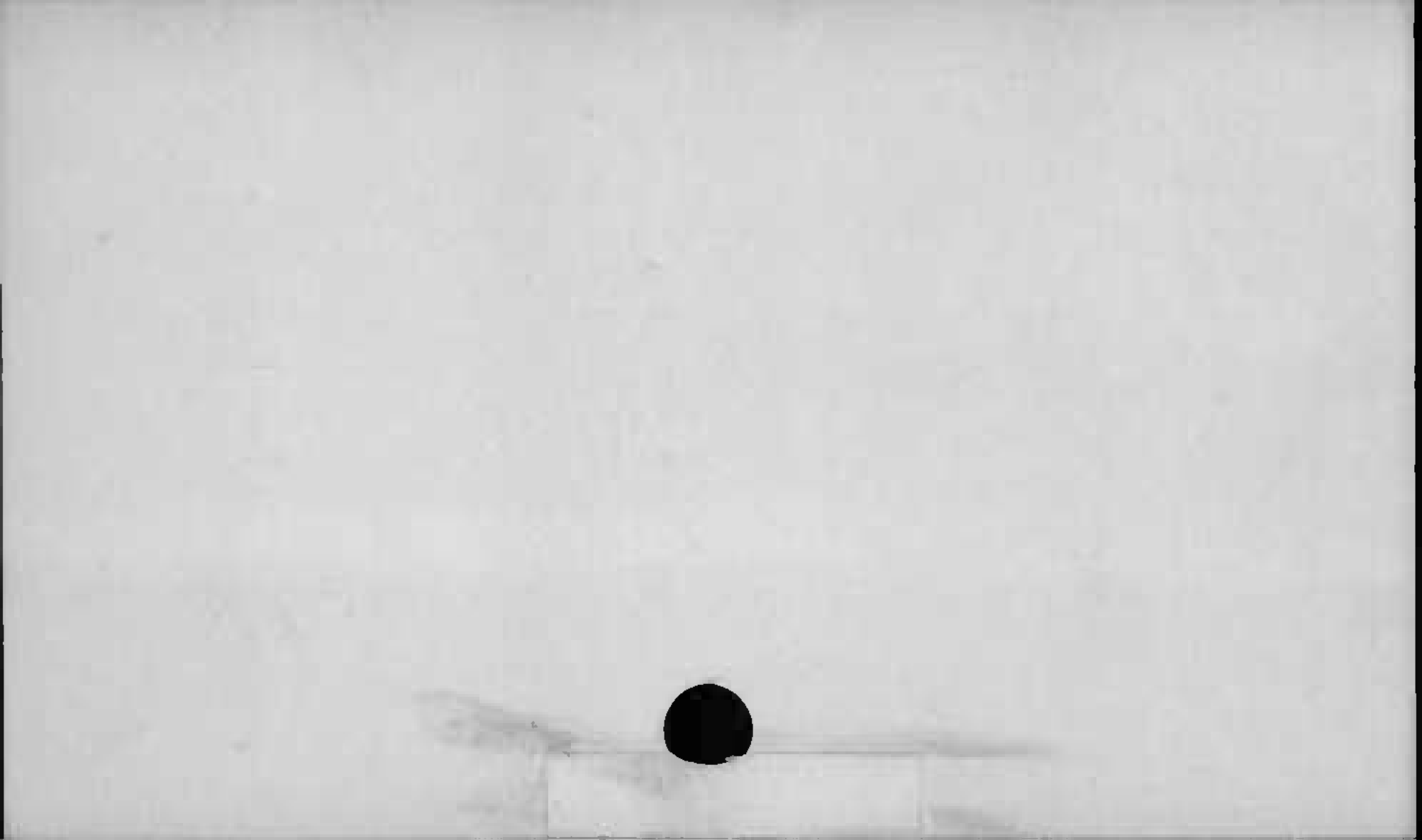
Immediate Pneumonia Lobar ~~Accident, Suicide, Homicide~~

Reported by A. C. Smith M. D

Address Hebbville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

Wm F. Klaiss

Town: Sparrows Point. County: Balto

Died at Sparrows Point. MARYLAND

Date 189? Month: June Day: 24 | Age Y. 31 M. 9 D. 12 | Native of Pa | Occupation Builders Helper

Mala / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 2

Husband / ~~Wife~~ of Lena R. Snyder

Father's Name Frederick C. Klaiss | Mother's Name Margaret Weiser

Cause of Death — Primary: Diphtheria. Fa — How long sick: 6 days

Immediata: Diphtheria — ~~Accident, Suicide, Homicide~~

Raported by Frank E Eldred M.D

Address Sparrows Point - Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coronar, undartaker or ministar.

LIBRARY BUREAU, 79885

Name in Full Ellenhur Knight

Certificate of Death

Died at Town Towson County Balto. MARYLAND

Date 1899 Month Jan Day 3 Age Y. 69 M. D. Native of Maryland Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ Wife of Horace Knight

Father's Name Robert Getty Mother's Name Effeial Getty

Cause of Death Primary Old Age 141 How long sick 10 days

Immediate Old Age ~~Accident, Suicide, Homicide~~

Reported by John Burns & Sons

Address Towson Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

In attendance upon the family, at time.

J. W. Hawkins M.D.

Towson.

Md.

Name In Full

Certificate of Death

Virginia Krantz

Died at Town: Conrad Sanitarium County: Balto. MARYLAND

Date 189 9 | Month: 1 | Day: 3 | Age: Y. 74 M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Heart disease 5-7 | How long sick: about 2 mos.

Immediate | Accident, Suicide, Homicide

Reported by Robt. L. Dodge

Address St. Denis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

HEALTH DEPART[illegible]

[illegible]nt No. A 4590 **Office of Registrar of Vital Statis[illegible]**

The Physician who attended any person in a last illness is responsible for the presentation of this [illegible] *illed out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-11-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Louis Kriger

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Musician

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Germany - 22 years

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, (Give Street and Number.) Bay View Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Independent Relief Cd

Date of Burial, Jan 12th 99

Undertaker, W Dippel son

Place of Business, 330 S Bond St

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to

...itis—Variety and Cause.

...s—Variety, whether ...imply Inflammatory.

...birth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

A. Elizabeth Kieffer

Died at Town: Chestnut Ridge County: Baltimore 60 MARYLAND

Date 1899 Month: 1 Day: 13 | Age Y. 72 M. 1 D. 1 | Native of: Penn | Occupation: House-wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Daniel Kieffer

Father's Name: Phillip Hoover Mother's Name: Elizabeth Hoover

Cause of Death: Primary: Chronic Glandular Laryngitis How long sick: 60 days

Immediate: Heart failure 8a Accident, Suicide, Homicide

Reported by: Dr J E Benson

Address: Cockeysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Calvin Lawson

Certificate of Death

Died at Mt Carmel (Town) Baltimore (County) MARYLAND

Date 189 9 — Month: Jan — Day: 15 — Age: Y. 26 M. 8 D. — Native of: Balto Co — Occupation: Laboner

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ — Number of ~~children living~~

~~Husband~~ ~~Wife~~ of

Father's ~~Name~~ Martin Lawson — Mother's Name Mary Bush

Cause of Death — Primary: Consumption 22a — How long sick: 1 year

Immediate: Laryngeal Ulceration — ~~Accident, Suicide, Homicide~~

Reported by E F Price MD

Address Mt Carmel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full | Certificate of Death

Mrs. Rosanna Leatherwood

Died at Near Ellicott City (Town) Balt (County) MARYLAND

Date 1899 Month Jan Day 11 | Age Y. about M. 85 D. 720 | Native of Balt Co Md | Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Thomas Leatherwood

Father's Name George Stevens | Mother's Name

Cause of Death: Primary Le Grippé 9 | How long sick Four days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by William E Hodges M.D.

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Health Department,

Permit No. A 4554 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* h death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1899

Full Name of Deceased, (Write legibly with ink and spell correctly. If an infant not named, give names of parents.) Miss Susan Palfrey Lee

Sex, ~~*Male or*~~ *Female,* (Cross out the word not required in this line.) Female

Age, 53 *Years,* 2 *Months,* 9 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, (Cross out the words not required in this line.) Single

~~*Occupation,*~~

Birth Place, (State or county, and how long in the United States, if of foreign birth.) Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, (Give Street and Number.) Montrose Balto. Co. Md

Cause of Death, First (Primary), La Grippe

Second (Immediate), Bronchopneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jany 5th 99

Undertaker, New Jenkins Hons

Place of Business, Park Garage

B. R. Benson M. D.
Medical Attendant.

Address, Cockeysville Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm J C. Dulany Co., City Printers and Stationers.

...ammatory.
...circumstances producing Death.
...variety and Seat.
...LCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
...ORMATION ...ariety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M. D.,
Commissioner of Health and Registrar.

REMARKS.

al Attention of Physicians is

HEALTH DEPAR...

...it No. A ..... **Office of Registr...**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... ...lled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 3. 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Wm McCubbin

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, ~~Widow~~ or Widower, (Cross out the words not required in this line.)

Occupation, Retired Merchant

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Scotland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, (Give Street and Number.) Mt Washington Bath &c

Cause of Death, First (Primary) ...

Second (Immediate) La Grippe

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 5/1899

Theodore Cook M. D.,
Medical Attendant.

Undertaker, Armstrong Denny Co.

Place of Business, 715 Taylor

Address 914 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ier.

Ep...ic or Simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...IS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Martha McDaniel

Certificate of Death

Died at Town Mr. Hope Retreat County Baltimore MARYLAND

Date 189 9 Month 1 Day 18 | Age Y. 65 M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Mania Chronic | How long sick

Immediate Pul. Consumption & Syncope | Accident, Suicide, Homicide

Reported by Frank J. Flannery Jr. D.

Address Mr. Hope Retreat Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Margaret M. McGean

Certificate of Death

Died at Town St Georges County Baltimore MARYLAND

Date 1899 Month Jan Day 5 Age Y. 88 M. D. Native of Masura Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Four

~~Husband~~ Wife of Charles McGean

Father's Name X Mother's Name X

Cause of Death Primary Paralysis 44 How long sick X

Immediate Coma Accident, Suicide, Homicide

Reported by L Rowe Price

Address Glyndon Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Keepers of

Attention of Physicians is Respectfully Invited to the Remarks below, a... of D

Health Department, City of Baltimo

Certificate No. A 4587 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 11, 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mrs Mary A Quaddak

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, Fifty one (51) *Years,* ——— *Months,* ——— *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty four (34) years,

Place of Death, {Give Street and Number.} St Agnes' Hospital

Cause of Death, First (Primary), Pulmonary Tuberculosis,

Second (Immediate), Asthenia,

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Cathedral~~ Pikesville Md

Date of Burial, Jany 13–99

Undertaker, M Fahey & Son

Place of Business, 2062 Lafayette Av

D F O'Connor, M.D.,
Medical Attendant.

Address, St Agnes' Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

... Relation to the Causes of D...

...numerated Below.

...Mode of Death.

...PINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

...HILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Dea...

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Annette Marriott, (Md. Hos. for Insane)

Died at Town: Catonsville County: Balto, MARYLAND

Date 1899 Month: Jan Day: 22 Age Y. 56 M. D. Native of: Md Occupation: None,

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife —

Father's Name — Mother's Name 46 —

Cause of Death: Primary Dementia. How long sick 5 minutes,

Immediate Rupture of Aneurism of Aorta Accident, Suicide, Homicide

Reported by J Ricg Wade

Address Md Hospt Catonsville,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William [illegible] Matthews

Certificate of Death

Died at Town Gardenville County Baltimore MARYLAND

Date 1899 Month 1 Day | Age Y. 56 M. D. | Native of Balto. Co. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 25a

Cause of Death: Primary Cancer of Stomach | How long sick 4 mos.

Immediate | Accident, Suicide, Homicide

Reported by Wm. D. Cose, M.D.

Address Gardenville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full — Certificate of Death

Mrs Angeline Mayers

Town: Irvon — County: Baltimore — Died at — MARYLAND

Date 189 9 — Month: January — Day: 20th — Age: Y. 74 M. D. — Native of: Maryland — Occupation: Nurse

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: Eight

~~Husband~~ Wife of Joseph Mayers

Father's Name

Mother's Name

Cause of Death — Primary: La Grippe 9 — How long sick: Two weeks

Immediate: Bronchitis and pneumonia

~~Accident, Suicide, Homicide~~

Reported by Benamin F Hicks

Address Irvon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6506

Attended by Dr. J. H. Janney

of Towson Baltimore County Md

Information contained in this certificate re-
ceived from Brufflicks and Dr J H Janney

of Towson Maryland

Seen by Coroner _____

of _____

Name In Full Miss M. Virginia Miller

Certificate of Death

Died at Town Calverton County Baltimore MARYLAND

Date 1899 Month 1 Day 28 Age Y. 38 M. D.

Native of

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Tobias Miller

Mother's Name Jane Miller

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full George Herbert Mills

Certificate of Death

Died at Town Norwood Ave. County Baltimore MARYLAND

Date 1899 Month 1 Day 14 Age Y. 44 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 How long sick 1 week

Immediate

Accident, Suicide, Homicide

Reported by J. B. Hart, M.D.

Address 810 Jefferson Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Ann Catharine Morris

Died at Town Md-Line Rd- County Baltimore MARYLAND

Date 1897 Month 1 Day 28 | Age Y. 77 M. 1 D. 17 | Native of Maryland | Occupation Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Two

~~Husband~~ Wife of Ezra Morris

Father's Name dont Know | Mother's Name

OVER

Cause of Death: Primary Heart disease & old age | How long sick 4 weeks

Immediate Dropsy 57 | ~~Accident,~~ Suicide, Homicide

Reported by R R Morris

Address Parkton Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. R. R. Norris
of Parkton md

Seen by Coroner W. H. Stippler J. D.
of Parkton md

Information contained in this certificate received from _____

of _____

HEALTH DEPARTMENT, CITY

No. 4633 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-21-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} George Mysley

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany 31 Years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Epithelioma of Tongue

Second (Immediate) Broncho-Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolls University for Anatomical purposes

Date of Burial Jany 23. 1899

Lee Cohen M. D.,
Medical Attendant.

Undertaker,

Place of Business, Health Office

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

CR. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS [illegible] and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature.. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Harry Jacot Nichols.

Died at Town: Golden Ring. County: Baltimore County MARYLAND

Date 1899. Month: 1. Day: 22. Age: Y. 8. M. — D. —. Native of: Md. Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: Chas. Nichols. Mother's Name: Ella Murphy.

Cause of Death — Primary: Inflamatory Rheumatism. How long sick: 1 week.

Immediate: Paralysis of Heart. 26

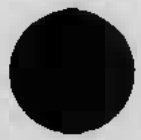
~~Accident, Suicide, Homicide~~

Reported by Dr. J. Calvin Schofield.

Address Orangeville Balto. co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full — Certificate of Death

Harold Francis De Sales Owings

Died at — Town: St Denis — County: Baltimore — MARYLAND

Date 1899 — Month: Jan — Day: 17th — Age: Y. — M. 11 — D. 17 — Native of: Maryland — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — Widower — ~~Number of children living~~

Husband of Wife: —

Father's Name: Wm T. Owings — Mother's Name: Mary B. Owings

Cause of Death — Primary: Pertussis — 7 — How long sick

Immediate: Catarrhal Pneumonia (Bronchopneumonia) — ~~Accident, Suicide, Homicide~~

Reported by: W. R. Eareckson

Address: Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Emily J. Oxworth, Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month Jan Day 19 Age Y. 37 M. D. Native of Md Occupation Domestic,

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife —

Father's Name — Mother's Name 45 —

Cause of Death: Primary General Paresis — How long sick 10 min.

Immediate Cerebral Hemmorrhage — Accident, Suicide, Homicide

Reported by J Percy Wade

Address Md Hospt Catonsville,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Col. Wm Batten

Certificate of Death

Loreley Town

Balto County

Md.

Died at

MARYLAND

Date 189 9 Month Jan Day 8 | Age Y. 71 M. D. | Native of New York | Occupation retired

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife Don't Know

Father's Name Don't Know

Mother's Name Don't Know

Cause of Death: Primary Paralysis 44 | How long sick 2 days

Immediate heart failure | ~~Accident~~, Suicide, Homicide

Reported by J. F. H. Gorsuch M.D.

Address Fork Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Association of Physicians is Req.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 4560 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-4-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robert N. Paul

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give Street and Number.} B.I. Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Woodland Cem Newark N.J.

Date of Burial, January 6th 1899

Undertaker, Chas A.L. Ert

Place of Business, 271 Halsey St Newark N.J.

Lee Cohen M. D.,
Medical Attendant.

Address B.I. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

RISM—Mode of Death.

.. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Thos. E. Pearce (Justice of Peace) Certificate of Death

Died at Town Stablersville County Balt. MARYLAND

Date 1899 Month 1 Day 20 | Age Y. 72 M. D. | Native of | Occupation Farmer & dairyman

Male ~~Female~~ | White Colored | ~~Single~~ Married ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

~~Wife~~ Husband of Kate M. Stables

Father's Name | Mother's Name 5-2

Cause of Death: Primary Complications of diseases

Immediate Abscess of brain

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Dr. R.A. Norris, ~~Balto~~ Parkton
Stabler's M.E. Church
Rev. D.C. Edwards, Pastor of Parkton
Circuit

al Attention of Physicians is Respectfully Invited to the Re.

HEALTH DEPARTMENT, CITY OF BALTIMORE

No. A..... **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ... sed, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-4-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Josephine Philips

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary) Catarrhal Pneumonia

Second (Immediate) .....

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jan 6th 99

Undertaker, A. F. Phelbin

Place of Business, 17th & Madison

Lee Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ucted in Relation to the Causes of De...
...ated Below.

M—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Elizabeth Jane Pierpoint

Died at — Town: Ellicott City — County: Balto — MARYLAND

Date 1899 — Month: 1 — Day: 9 — Age: Y. 63 M. – D. – — Native of: Md — Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband ~~Wife~~ of William T. Pierpoint

Father's Name: Benjamin Yealdhall — Mother's Name: Christina Yealdhall

Cause of Death — Primary: La Grippe — How long sick: 3 weeks

Immediate: 9 — ~~Accident, Suicide, Homicide~~

Reported by: Thos B. Omings M.D.

Address: Ellicott City — Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Keepers ... sicia

... H DE...

No. A 4582 Office of R...

The Physician who attended any person in a last illness is responsi... *out* to the undertaker or other person superintending the burial, wi... eased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Pr...

CERTIFICATE OF DEATH.

Date of Death, 1-7-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Michael Pando

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 24 - *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Belt maker

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Austria - 6 years

Duration of Residence in the City of Baltimore, 6 yrs -

Place of Death, (Give Street and Number.) B.V. Asylum

Cause of Death, First (Primary) Phthisis Pulmonal...
Second (Immediate) Exhaustion

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, Jany 8-1899

E E Ohm M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health Office

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

y and Cause.

sis—Seat. Cause and Mode of Death.

g Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

—Mode of Death.

ease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Elizabeth Porter

Certificate of Death

Died at Town Patapsco Neck County Baltimore MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	1	1		81				

~~Male~~ Female

~~White~~ ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Balto Co. Union 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...pecial Attention o... ...ns is Respectfully li...

Health Department, City of Balti...

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Catherine Praetorius

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} .....

Age, 13 *Years,* 9 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, None

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Catonsville

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Catonsville Md

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 4th 1899

Undertaker, J. J. Cowan

Place of Business, 901 Hollins St

Charles L Mayfield M.D.,
Medical Attendant.

Address, Catonsville

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Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...e of Death.

...INAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Hennie Preston

Town — County

Died at Baltimore County . Lime Kiln Bottom — MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	1	7	Age	67	about		Baltimore Co	Cook

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 1

Husband of Wife —

Father's Name —

Mother's Name —

Cause of Death — Primary: La Grippe 9 — How long sick: 1 week

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by Dr R. L. Mascembury

Address Dawson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full E. E. May Reed

Certificate of Death

Died at Town Delight County Baltimore MARYLAND

Date 189 Month Jan Day 13 Age Y. 1 yr. M. 2 mo D. Native of Maryland Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Harry C. Reed Mother's Name Eva W. Reed

Cause of Death Primary Not Known 161 How long sick Two days

Immediate Complication of diseases Accident, Suicide, Homicide

Reported by Dr W. H. Campbell

Address Owings Mills Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. W H H Campbell

of Owings Mills Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Earnest Le. Reiche

Died at Town Waverly County Balt. MARYLAND

Date 1899 Month 1 Day 6 | Age Y. 68 M. D. | Native of Prussia | Occupation undertaker

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 8

Husband of

Wife

Father's Name

Mother's Name 57

Cause of Death — Primary: Heart disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Enterprise 1-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Body brought to Chestertown & buried
in Chester Cemetery
Rev. S. C. Roberts, D.D. rector of Emmanuel
P. E. Church
Rev. C. A. Grise.

Name In Full

Certificate of Death

Martha Richardson

Died at Town Govanstown County Balto. MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	1	4	71				

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate Coma. — Accident, Suicide, Homicide

Reported by P. H. Reiche

Address Waverly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Martha Richardson

Certificate of Death

Died at Town Govanstown County Balto. MARYLAND

Date 1899 Month 1 Day 4 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5—

~~Husband~~ Wife of Benj. Richardson

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal 1-7

Address

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Francis M. Russell

Certificate of Death

Died at Town Mr. Hope Retreat County Baltimore MARYLAND

Date 189 9 Month 1 Day 16 Age Y. 76 M. D. Native of Pa. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death Primary Mania Chronic

Immediate Ex. from Hemiplegia

How long sick

Accident, Suicide, Homicide

Reported by F. J. Flannery M.D.

Address Mr. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

HEALTH DEPARTMENT

No. A ..... **Office of Registrar of ..** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-31-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Louis Schroeder

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 77(?) *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, machinist

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany - U.S. 32 years

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Chronic Bronchitis & Emphysema

Second (Immediate) Broncho-Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelical Cem

Date of Burial, Feb. 2. 1899

Undertaker, Daniel Sons

Place of Business, 710 Canton Ave

Lee Cohen ..... *M. D.,*

Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

R

ER. SPINAL M[illegible], whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Deat.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Mrs Fehy Schwab

Certificate of Death

Died at Town Catonsville County Baltimore Co MARYLAND

Date 189 9 Month 1 Day 15 Age Y. 74 M. – D. 2 Native of Germany Occupation Housewife

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

~~Husband~~ Wife of John Schwab

Father's Name Jas Wise Mother's Name ~~Mrs~~ Wise

Cause of Death Primary Influenza 9 How long sick 1 week

Immediate Congestion of Longs Accident, Suicide, Homicide

Reported by J Chas Macgill

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Claracy Scovens

Certificate of Death

Died at Summerfield (Town) Balto. (County) MARYLAND

Date 1899 Month Jan. Day 10 | Age Y. 85 M. X D. X | Native of Balto. | Occupation

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Edwin Scovens

Father's Name Zacarias Jones

Mother's Name Mary Jones

Cause of Death: Primary Old age 141 How long sick 20 days

Immediate Kidney disease ~~Accident, Suicide, Homicide~~

Reported by John Burns & Sons

Address Towson Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

~~Dr.~~

John A. Green, M.D.

Name in Full Frederick Selig

Certificate of Death

Died at Town Canton County Balto. MARYLAND

Date 189 Month 9 Day 24 | Age Y. 88 M. D. | Native of Germany | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ ~~Single~~ Widow Widower Divorced 1 | Number of children living 8

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: General debility 153 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988E

...ion of Physicians is Respectfully Invited to ...

Health Department, City of ...

Permit No. A 4635 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superinteuding the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23, 1899 Shaw

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Hugh ~~Shaw~~

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Spinner

Birthplace, {State or County, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} Melvine Balto Co Md

Cause of Death, First (Primary), Heart disease

Second (Immediate), —

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 29 1899

Undertaker, Mrs. Jos B. Cook James Bosley M.D., Medical Attendant.

Place of Business, 1003 St Balto *Address,* 1101 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

emarks be.

Below.

...NGITIS—Variety, whether ...or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Hannah E. Slade

Certificate of Death

Died at Town Waverly County Balto. MARYLAND

Date 1899 Month 1 Day 22 Age Y. 70 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of John J. Slade

Father's Name Wm. Glenn Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Bethel Presbyterian Churchyard, near Cathcart.

Name In Full Mrs. John Smith

Certificate of Death

Died ~~at~~ near Town Jacksonville County Baltimore MARYLAND

Date 189 9 Month 1 Day 28 | Age Y. 74 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of John Smith

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Fairview M. E. Ch.,

Rev. Campbell Hammond & Dr. A.

Price

Thos. Slade, Undertaker

Name in Full

Beatrice Shields Smithers

Certificate of Death

Died at Reisterstown (Town) Baltimore (County) MARYLAND

Date 1899 Month Jan Day 25 | Age Y. 2 M. 3 D. | Native of Baltimore | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number ~~of children~~ living

Husband of Wife

Father's Name Louis E. Smithers

Mother's Name Isabelle Smithers

Cause of Death: Primary Pneumonia 72

Immediate

How long sick Two weeks

Accident, Suicide, Homicide

Reported by H. M. Slade

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

...ians is Respectfully Invited to the Remarks below, a...

...ealth Department, City of Baltimore,

No. A 45944 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...t to the undertaker or other person superinteuding the burial, within *twenty-four hours* after the death of said ...d, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

... of Death, January 13 1899

... name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} George J Stafford;

Male ~~or Female~~, {Cross out the words not required in this line.}

Fifty-two *Years;* ..... *Months,* ..... *Days.*

White;

...ied, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

...vation, Contractor;

...place, {State or County, and how long in the United States, if of foreign birth.} Ireland;

...tion of Residence in the City of Baltimore, Eight (8) months;

... of Death, {Give Street and Number.} St. Agnes' Hospital;

... of Death, {First (Primary), Tabes Dorsalis; Second (Immediate), Asthenia;} ✓

...tion of Last Sickness, Three (3) months;

The above information should be furnished by the Physician.

... of Burial, Washington D.C.

... of Burial, Jan 14th 1899

...dertaker, J. J. Coman

...ace of Business, 901 Hollins St

D. F. O'Connor, M.D.,
Medical Attendant.

Address, St. Agnes' Hospital

... from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...TION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate ...orth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person ..., and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Enumerated Below.

... of Death.

...R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mod of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode Death.

WOUNDS—Cause, Variety, Seat and Mode Death.

ABSCESS—Cause, Location and Mode of Deatl

Specify every Surgical Operation with fat result.

Mention INTEMPERANCE whenever recogniz as having produced or complicated tl direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registr

REMARKS:

Name in Full | Certificate of Death

Frank Strowther

Died at Town: Govanstown County: Baltimore MARYLAND

Date 1899 Month Day: Jan 11 Age Y. M. D.: 81-11-22 Native of: Virginia Occupation: Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 3

Husband ~~Wife~~ of Lucy Strowther

Father's Name: Frank Strowther Mother's Name: Mary Strowther

Cause of Death: Primary Bi Lob Pneumonia How long sick Seven days

Immediate Exhaustion 72 Accident, Suicide, Homicide

Reported by Purnell F Sappington

Address Station H

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Cartificate of Death

Elizabeth Gibson Stump

Died at Town: Stoneton | County: Balt. Co. | MARYLAND

Date 1899 | Month: 1 | Day: 25 | Age Y. 83 M. — D. | Native of: Md | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 7

Husband of widow A Hamilton Stump

Father's Name: Mathias Bordley | Mother's Name: —

Cause of Death: Primary: Infirmities of age 141 | How long sick: 10 days

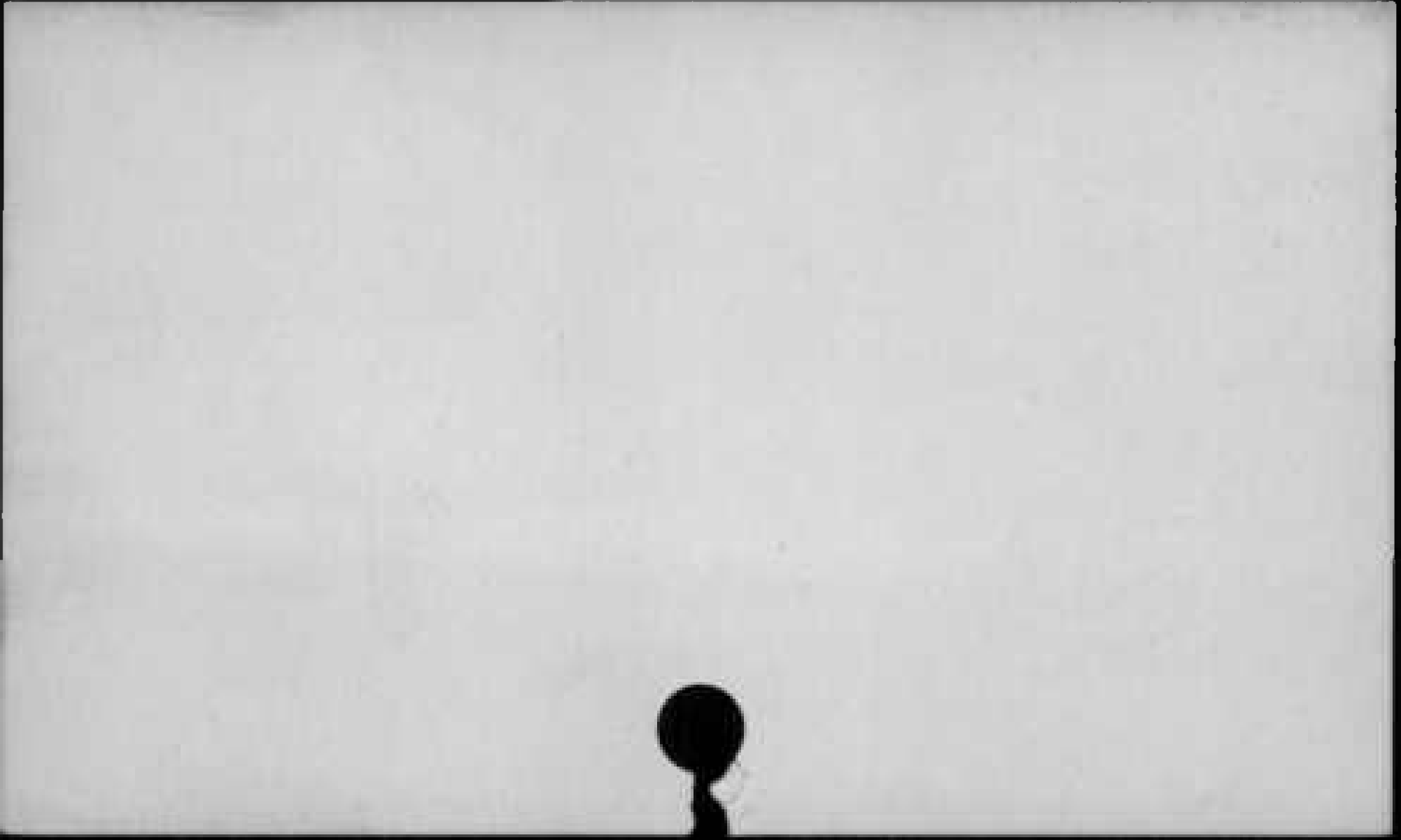
Immediate: La Grippe & Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: Thorin Naylor MD

Address: Pikesville Balt Co Md

Must be signed by physician, if any in attendance, otherwise coroner, undertakar or minister.

LIBRARY BUREAU, 78706



Name in Full William Russell Tampsett

Certificate of Death

Died at ~~Town~~ Eklo County Baltimore MARYLAND

Date 1899 Month Jan. Day 24 Age Y. 1 M. 1 D. 20 Native of Maryland Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ DO

~~Husband~~ ~~Wife~~ of

Father's Name William Tampsett Mother's Name Jennie Bearham

Cause of Death Primary Measles 5 How long sick Snow wks.

Immediate Pneumonia Lobar ~~Accident, Suicide, Homicide~~

Reported by Joseph S. Baldwin M.D.

Address Eklo Baltimore Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mary A Tascoe

Certificate of Death

Died at Town Reisterstown County Balto MARYLAND

Date 189 9 Month Jan Day 14 Age Y. 56 M. D. Native of Maryland Occupation House keeper

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

~~Husband~~ Wife of Stephen Tascoe

Father's Name Jefferson Brown Mother's Name Ceamila Brown

Cause of Death Primary Pneumonia 72 How long sick about 2 weeks

Immediate Accident, Suicide, Homicide

Reported by H. M. Slade

Address Reisterstown

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

...ealth Department, ...

...t No. A 4576 Office of Registrar of Vital Statistics. Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... ...ed out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... ...eceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 7. 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Frank Taylor

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Motorman

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Mt. Hope Retreat

Cause of Death, First (Primary), Nephritis
Second (Immediate), Nausea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Jan 10. 1899

Undertaker, Sanders Sons

Place of Business, 110 Canton Av

Charles G. Hill M.D.,
Medical Attendant.

Address, Mt Hope Retreat

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

SPIN.

Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of De.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLERITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Natnre of Injnry, if any.

ULCER—Natnre. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Eugene Jerome Thomas

Died at Town: Catonsville County: Balto MARYLAND

Date 189 9 Month: Jan Day: 4 Age Y. 1 M. 1 D. Native of: Md Occupation:

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower Divorced ~~Number of children living~~

Husband of Wife

Father's Name: John Wesley Thomas Mother's Name: Agnes Thomas

Cause of Death: Primary: Suffocated by Smoke — How long sick

Immediate: 15-0 — Accident, ~~Suicide, Homicide~~

Reported by: R C L Wallfeldt for W W Johnson Coroner

Address: Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: John Wesley Thomas

Certificate of Death

Died at — Town: Calonsville — County: Balto — MARYLAND

Date 1899 — Month: Jan — Day: 4 — Age: Y. 2 M. 8 D. 29 — Native of: Md — Occupation:

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: John Wesley Thomas — Mother's Name: Agnes Thomas

Cause of Death — Primary: Burns 150 — How long sick

Immediate: Suffocated by Smoke — Accident, ~~Suicide, Homicide~~

Reported by: Dr C L Mallfeldt for W W Johnson Coroner

Address: Calonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

No. A.

...l Att... ...d to the Remarks below, and to List of Diseases on back of t...

Health Department, City of Baltimore.

Permit No. A 4599 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 99

Full Name of Deceased, (Write legibly with ink and spell correctly. If an infant not named, give names of parents.) Wm E Thomas

Sex, Male or Female, (Cross out the words not required in this line.) Male

Age, 33 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.) Married

Occupation, Moulder

Birthplace, (State or county, and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, (Give Street and Number.) Curtis Bay

Cause of Death, First (Primary), Ulcer of Stomach

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, ~~Edgar Hill~~ Cemy

Date of Burial, Jany 16/99

Undertaker, E M Mitchell

Place of Business, 1201 W Fayette St

Chas F Brooks M.D.,
Medical Attendant.

Address, Brooklyn

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Following Additional Information is Requested
Enumerated Be

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH — Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Name in Full

Helen E. Townsend.

Certificate of Death

Died at Town: Dickeyville County: Balto MARYLAND

Date 1899 Month: Jan Day: 6th | Age Y. 7 M. D. | Native of America | Occupation None.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

138 P

Father's Name Albert Townsend

Mother's Name Adelaide Townsend

Cause of Death — Primary: Premature Birth

Immediate: It was a 7 months Child,

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by Dr George H Earhart,

Address Dickeyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Jamima D. Tredway

Died at Town Lutherville, County Baltimore County MARYLAND

Date 1899 Month Jan Day 11th Age Y. 86, M. 6 D. 4 Native of Balto. Co. Md Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6.

Husband / Wife of Thomas Tredway

Father's Name Joseph Duncan Mother's Name Cusandra G. Duncan

Cause of Death Primary Depreciated ~~Nitrity~~ How long sick

Immediate Bronchitis Weak Heart 14 ~~Accident, Suicide, Homicide~~

Reported by T Chalmers Peebles Md

Address Lutherville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Certificate of Death

Valentine Priester

Died at Town Catonsville County Baltimore MARYLAND

Date 1899 Month Jan Day 1st Age Y. 61 M. D. Native of Germany Occupation Cabinet Maker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death Primary Chronic Valvular disease of Heart

Immediate Dropsy

How long sick 2 months

Accident, Suicide, Homicide

Reported by Geo J Maagile MD

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

The Special Attention of Physicians [illegible] Respectfully Invited

Health Department, City of [illegible]

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1899

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents,) Valentine Priester

Sex, Male ~~or Female~~, (Cross out the word not required in this line.) .....

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, (Cross out the words not required in this line.) .....

Occupation, Cabinet Maker & Undertaker

Birth Place, (State or county, and how long in the United States if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, (Give Street and Number.) Catonsville

Cause of Death, First (Primary), Chronic Valvular Disease of Heart

Second (Immediate), Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 4 1899

Undertaker, George Bentz

Place of Business, Baltimore

Chas. G. Macgill M. D.
Medical Attendant.

Address, Catonsville

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

...umerated Below:

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.
CHILDBIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
...EASE OF HEART—Variety. Valves involved.
DENTITION—Mode of Death.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Cause of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal Age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,
Commissioner of Health and Registrar.

REMARKS.

Name in Full

Certificate of Death

Felix Van Bentz

Died at Town Lauraville County Baltimore MARYLAND

Date 189 Month 1 Day 7 | Age Y. 89 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Maryland Journal 1-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

...epartment, City of ...

...74 Office of Registrar of Vital Statistics.

...tended any person in a last illness is responsible for the presentation of this Certificate, accu... ...taker or other person superintending the burial, within *twenty-four hours* after the death o... requested to do so under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...RTIFICATE OF DEATH.

Date of Death, Jan 6th 1899

Full Name of Deceased, (Write legibly with ink and spell correctly. If an infant not named, give names of parents.) Felix A. P. Van Reuth

Sex, Male or ~~Female~~, (Cross out the words not required in this line.) Male

Age, 88 *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, (Cross out the words not required in this line.) Married

Occupation, Farmer

Birthplace (State or County, and how long in the United States, if of foreign birth) Holland Europe

Duration of Residence in the City of Baltimore, 10 years & 34 in County

Place of Death, (Give Street and Number.) Lauraville Balto. County Md

Cause of Death, First (Primary) Grip & old age
Second (Immediate) Heart failure

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 9. 1899

Undertaker, [illegible]

Place of Business, 1710 Canton Av

Geo F. Cono M.D., Medical Attendant.

Address, Gardenville Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Wm J C. Dulany Co., City Printers and Stationers.

[OVER.]

...ety, whether

Epidemic ...

CHILDBIRTH—C...

...ER—Variety a...

CALCULUS—Mode of Dea...

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valve...

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS — Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ITIS—Variety a...

NECROSIS—Seat. Cause and Mo...

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

...IS—Cause.

...se.

... Fœta...

...Manner of.

...cation and Mode of ...

TETANUS.—...

ULCER—Nature. ...nd Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Name in Full

Felix A. P. Van Reuth

Certificate of Death

Died at Town Lauraville County Balto. MARYLAND

Date 1894 Month 1 Day 6 | Age Y. 88 M. D. | Native of Holland | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Grip & old age 9 | How long sick

Immediate Heart disease | Accident, Suicide, Homicide

Reported by Geo. F. Gorse

Address Gardenville

Must be signed by physician, if any in attendance, otherwise b[illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John Fogan. Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1890 Month Jan Day 10 | Age Y. 65 M. D. | Native of Penn | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Husband of ~~Wife~~ Number of children living —

Father's Name — Mother's Name 46

Cause of Death: Primary Senile Dementia — How long sick 2 months.

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Percy Wade

Address Md Hospt Catonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lewis Walter

Certificate of Death

Died at Town Perry Halt County Balto. MARYLAND

Date 1899 Month Jan. Day 1, Age Y. 41, M. 3. D. 3 Native of Md. Occupation Black Smith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Annie Lotz

Father's Name Henry Walter Mother's Name Annie Lauscham

Cause of Death Primary Melancholia 142 E How long sick died in about 20 minutes

Immediate Gun Shot Wound ~~Accident~~, Suicide, ~~Homicide~~

Reported by Drs. A. X. Whiteford & Son, (Lingard I. Whiteford M.D.)

Address Parkville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Florence Staltow

Certificate of Death

Died at Town Putty Hill County Balto. MARYLAND

Date 1899 Month 1 Day 20 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Wm. Staltow

Father's Name St. Henry Fuller

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-28.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Eliza Warner

Certificate of Death

Died at Town: Glenmore County: Baltimore MARYLAND

Date 189 4 Month: 1 Day: 13 | Age Y. 81 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ | Number of children living One

~~Husband~~ Wife of Col. Jno. P. Warner

Father's Name | Mother's Name 93

Cause of Death: Primary — Acute Indigestion — How long sick 4 days

Immediate — Peritonitis — ~~Accident, Suicide, Homicide~~

Reported by Harris Naylor

Address Pikesville Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full

Certificate of Death

Daniel Weber

Died at Town Waltus P.O County Balto MARYLAND

Date 1899 Month Jany Day 27 | Age Y. ~~7~~ M. ~~7~~ D. 10 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children~~ living

Husband of Wife —

Father's Name Daniel Weber Mother's Name Annie Weber

Cause of Death Primary Pneumonia 72 How long sick Notes

Immediate ~~Accident, Suicide~~, Homicide

Reported by Thurd Harrison M D

Address Middle River

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Annie Weilbrenner

Died at Town Gardenville County Balto Co MARYLAND

Date 1899 Month 1 Day 26 Age Y. 46 M. yrs D. Native of U.S. Occupation Housework

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living ——

Husband Wife of Peter Weilbrenner

Father's Name

Mother's Name Mary Morink

Cause of Death Primary La Grippe 9 How long sick One week

Immediate Congestion of brain Accident, Suicide, Homicide

Reported by Geo F Porse M.D.

Address Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

4 - 4 REPLIED

Name in Full Sarah Wheeler

Certificate of Death

Died at Town Armacost, County Baltimore MARYLAND

Date 1899 Month Jan. Day 23 Age Y. 86 M. D. Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ ~~of~~ Wife Elisha Wheeler

Father's Name Jacob Shamberger Mother's Name Esther Souder

Cause of Death Primary How long sick

Immediate Paralysis 44 Accident, Suicide, Homicide

Reported by E. M. Wheeler, M.D.

Address Armacost Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Williams (Christian Name unknown

Died at Town: Jericho County: Balto MARYLAND

Date 1899 Month: Jan Day: 4 | Age Y. M. D.: 18 3 | Native of: Balto Co | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 6

Husband / Wife of

Father's Name: Evd. Williams | Mother's Name: Mrs. Williams

Cause of Death: Primary: Grippe 9 | How long sick: 3 days

Immediate: congestion of the spine | ~~Accident, Suicide, Homicide~~

Reported by: J F H Gorsuch M D.

Address: Fork Md—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Georgaset C. Williams

Died at Town: Cross Keys Falls Road County: Bath — MARYLAND

Date 1899 Month: Jay Day: 18 | Age Y. M. D.: 4 — | Native of: Md. | Occupation: Milker

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of: Hoah. Williams 82

Father's Name: Hoah. Williams | Mother's Name: Sophia Williams

Cause of Death — Primary: Cholera Infantum | How long sick: 10 day

Immediate: Inflammation of brain | Accident, Suicide, Homicide

Reported by: Dr. J. S. Bowie

Address: Md. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mary M. Wirty

Certificate of Deeth

Died at Town Beckleysville County Baltimore MARYLAND

Date 1899 Month 9 Jan Day 4th Age Y. 73 M. D. years Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ widows Widower Number of children living 3 as

Husband Wife of far as known

Father's Name have not learned Mother's Name have not learned

Cause of Deeth Primery 44 How long sick

Immediate Paralysis. ~~Accident, Suicide, Homicide~~

Reported by J. B. Parrus M.D.

Address Beckleysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full — Certificate of Death

Victoria Wolfery

Died at Town: Sweet Air — County: Baltimore — MARYLAND

Date 189 — Month: Jan. — Day: 3 — Age: Y. 33 M. — D. — Native of: Virginia — Occupation: housewife

~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 8

Husband / Wife of Henry Valentine Schoelkopf

Father's Name — Wolfery — Mother's Name — —

Cause of Death — Primary: Plastic Pleurisy 73 — How long sick: 10 days

Immediate: Congestion of Lungs — ~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory M.D.

Address Taylor Harford Co.

- Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full Mrs. Sarah P. Gonn — Certificate of Death

Town — County

Died at Baltimore MARYLAND

Date 189 9 — Month 1 — Day 2d — Y. — M. — D. — Age 87 — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — Divorced

Number of children living 8

~~Husband~~ Wife of Jno. H. Gonn

Father's Name Peter Devine — Mother's Name Susan Devine

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Phil. Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]8

Board of Health, City of Balti...

Permit No. 4602 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15/99-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Young -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 10 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St Mary's Industrial School.

Cause of Death, First, (Primary,) Diphtheria -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 15th 1899

Undertaker, F. A. Kranz & Bro

Place of Business, 703 Hanover

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Loeation and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mede of Death.

Speeify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produeed or complieated the direct cause of death.

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar.

Name in Full Susan Young

Certificate of Death

Died at Town Moulstow County Balto MARYLAND

Date 189 9 Month 1 Day 24 | Age Y. 70 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Abraham Young

Father's Name Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...o the Remarks below, and to List of Diseases on back of thi

...EALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 4592 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... ...led out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-9-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) John Zeaman

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Laborer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Bohemia - 21 years

Duration of Residence in the City of Baltimore, 15 yrs -

Place of Death, (Give Street and Number.) Bay View Asylum -

Cause of Death, First (Primary) Chronic Nephritis

Second (Immediate) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical Purpose

Date of Burial, Jany 10-99

Lee Cohen M. D.,
Medical Attendant.

Undertaker,

Place of Business, Health Office

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...wing A... ...ional Inform... ...

Enumerated B...

...RISM—Mode of Death.

...R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Elsworth Zeigler

Died at Town Hebbville County Salto. Co. MARYLAND

Date 1899 Month Jan Day 15th Age Y. 1. M. 7. D. 10. Native of Maryland Occupation

~~Male~~ Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of

Father's Name Delaware Zeigler. Mother's Name Lena Zeigler

Cause of Death: Primary Influenza 9 How long sick 4 days

Immediate Pneumonia ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. A. C. Smink.

Address Hebbville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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